

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/518036
APPLICANT(S)

FILING DATE
05 AUG 2005

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48			/			
49				/		
50				/		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		2	←		←
TOTAL CLAIMS			3			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
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89				/		
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91				/		
92				/		
93				/		
94				/		
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			44			